F NMOCD Submit 5 Conics

Appropriate District Office

P.U. box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

State of New Mexico

1 File

Form C-104 Revised 1-1-89 Energy, Minerals and Natural Resources Department See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Aneda, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088										
ONSTRUCT III OND RIGHT BY AZIEC, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
								API No.			
DUGAN PRODUCTION	V COR	·									
P.O. Box 420, Farmin	naton	NIM R	711.00								
Reason(s) for Filing (Check proper box)	ngton,	14/41 0	1433		Ou	nes (Piease expl	ain)				
New Well		Change in			E	ffective	5-1-90				
Recompletion	Oil Carianta	□	Dry C	_							
Change in Operator U thange of operator give name	Casinghe	20 (21 []	COBO	ensate (X)							
and address of previous operator											
L DESCRIPTION OF WELL	AND LE										
Lesse Name Jicarilla E	Well No. Pool Name, Including							of Lease Lease No. Federal or Fee line will a			
		1] 1	apacito	Picture	a CIITTS			Juicar	act 116	
Location M	995	•	T4 T	rom The S	outh	e and825		et From The		Line	
Unit Letter	- :		. rea i	TOEN INC		e 400		et riom The			
Section 21 Township	, 26N	<u> </u>	Range	3W	, N	MPM,	Rio	Arriba		County	
T DECICIATION OF TRAN	CDODTE	ם אב או	ET AN	JID NATEI	DAL CAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Giant Refining Inc.					P.O. Box 256, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					Address (Give address to which approved copy of this form is to be sent)						
Northwest Pipeline Cor		o chanç					When	<u> </u>			
If well produces oil or liquids, give location of tanks.					Is gas actually connected? When Yes			•			
f this production is commingled with that f	rom any où	er lease or	pool, g	ive comming	ling order num	ber: R-	5357				
V. COMPLETION DATA									·	_,	
Designate Type of Completion -	· (X)	Oil Well	İ	Gas Well	New Well	Workover	Dеереп	Plug Back	Same Res'v 	Diff Res'v	
Date Spudded		pl. Ready to	Prod		Total Depth	<u> </u>	L	P.B.T.D.	L	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
ren examons									b		
	TUBING, CASING AND					NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								<u> </u>			
					 			-			
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after re			of load	oil and must					or full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Tes				I formering ivi	Producing Method (Flow, pump, gas lift, etc.)				MEL	
ngth of Tes Tubing Pressure					Casing Press	TLE		Chor Gize		Įi,	
								Gas- MCF	APR271	990	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis			i COb.	es.	
					1					<u>. UIS</u>	
GAS WELL	I enoth of	Test			Bbls Conder	ENE/MMCF		Gravity of C	DIST.	3	
crual Prod. Test - MCF/D Length of Test					Boil Children Willer						
esting Method (pilot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size			
				· · · · · · · · · · · · · · · · · · ·	ļ						
VL OPERATOR CERTIFICA				NCE		DIL CON	ISERV	ATION I	DIVISIO		
I hereby certify that the rules and regulations of the Oil Conservation					`					· · •	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Data	Approve	d	APR 27	1990		
1					Date	· whhinse	u	, 11 L) L	INJU		
And I french					By_		7.	. \	1 /		
Signature		_			Uy -		0		range		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Jim L.

Date

4-26-90

Jacobs

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Geologist

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

 4) Separate Form C-104 must be filed for each pool in multiply completed wells.